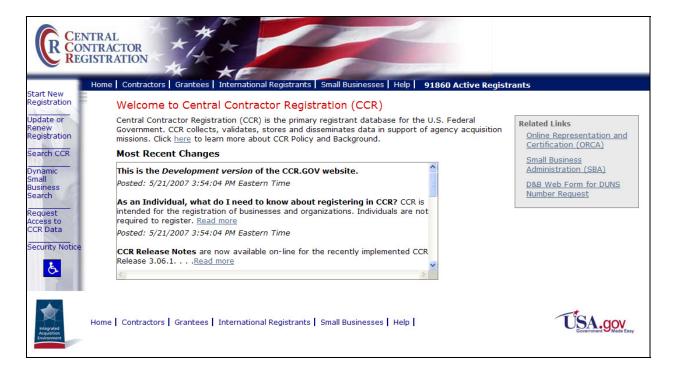
# CCR TPIN Update Screenshots December 2007



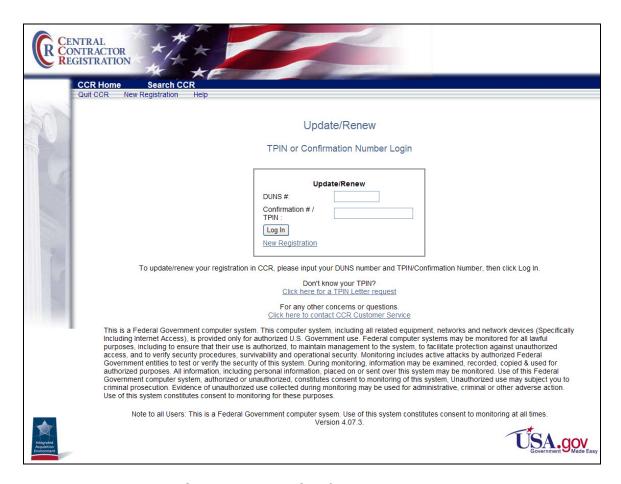
Welcome to CCR

#### Note for Annual Renewal of CCR Registration:

If you are renewing your CCR registration with a TPIN Update, after the General Information page is displayed, the "Renew Profile" button on the Registration Tools menu may be clicked. If there are no existing errors, a "Registration finished" message is displayed. If errors exist, this message will also be displayed. Correct errors and click the Validate/Save Data button at the bottom of the page.



**Update or Renew Selection Page** 



**Enter DUNS Number and Confirmation Number or TPIN** 

#### **MONITORED COUNTRIES—D&B Name Address Monitoring Mandatory:**



**CCR - Dun & Bradstreet Monitoring Information Page** 

#### **D&B Monitoring is Optional for:**

#### NON-MONITORED COUNTRIES or U.S. Territories

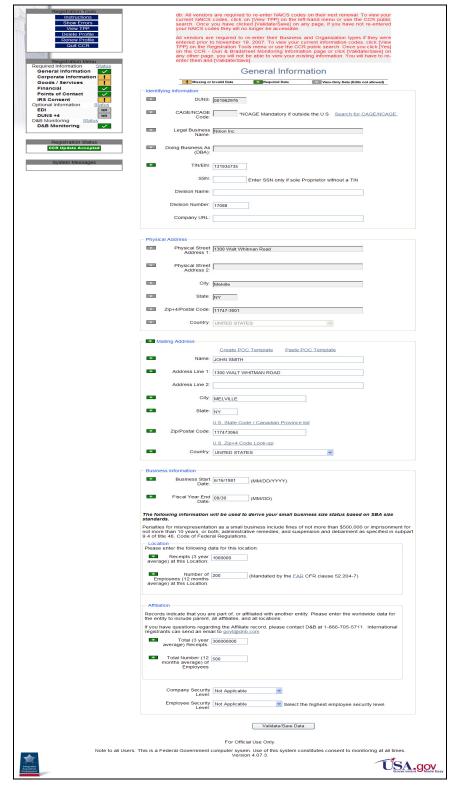
(American Samoa, Guam, Northern Mariana Is, Puerto Rico, Virgin Islands, U.S.)



CCR - Dun & Bradstreet Monitoring Information Page—Optional

#### Monitored countries:

General Information Page name and address fields are grayed out and inactive. Changes must be made through Dun &Bradstreet. Contact D&B Customer Service at 1-866-705-5711 (U.S. only) or ccrhelp@dnb.com (International) to make changes.



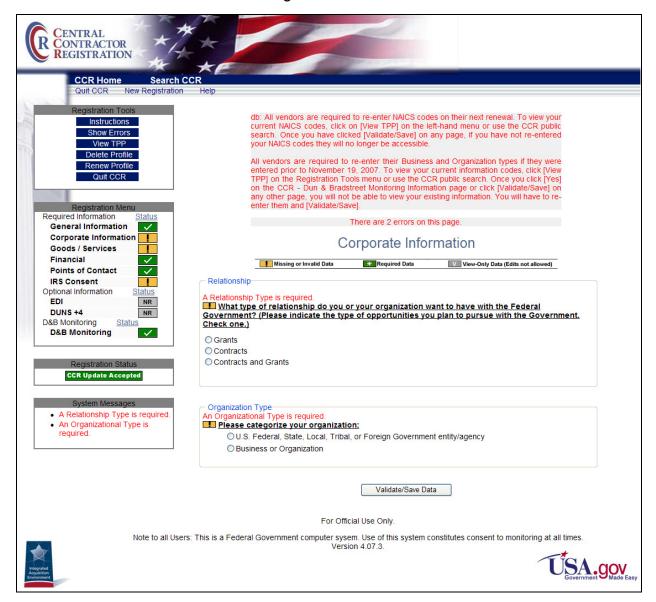
General Information Page—Monitored

Non-monitored countries and U.S. Territories (American Samoa, Guam, Northern Mariana Is, Puerto Rico, Virgin Islands, U.S.)
General Information page contains active, editable fields.



**General Information Page—Non-Monitored** 

Update screens are similar to new registration screens. Update screens contain the registrant's data.



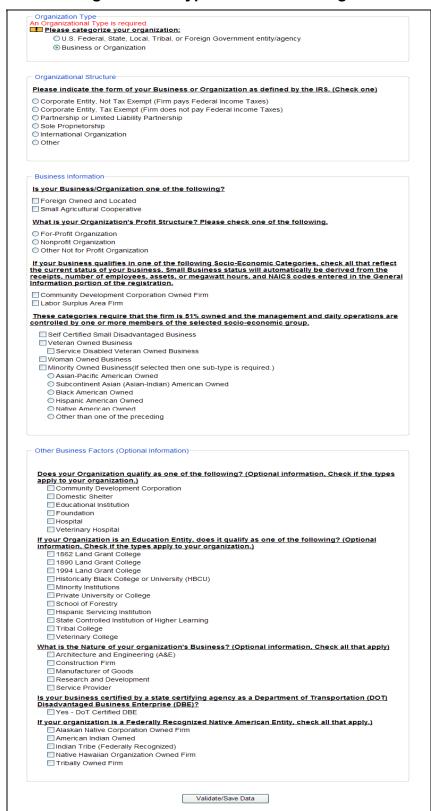
**Corporate Information** 

## Select Organization Type: U.S. Federal, State, Local, Tribal, or Foreign Government entity/agency

	<ul> <li>● U.S. Federal, State, Local, Tribal, or Foreign Government entity/agency</li> <li>○ Business or Organization</li> </ul>
- Туре	of Government-
Pleas	se select your type of Government Entity.
	I.S Federal Government (If selected, then choose one subgroup below.)
	Federal Agency
	∃Federally Funded Research and Development Corporation  J.S. State Government
	I.S. Local Government (If selected, choose all subgroups that apply)
	City
	County
	Inter-municipal
	] Local Government Owned ] Municipality
	School District
	] Township
	ribal Government
OF	oreign Government
	<u>ur organization/entity one of the following? (Optional information. Check if the types apply to organization.)</u>
	port Authority
	uncil of Governments
	using Authorities Public/Tribal
	erstate Entity
	nning Commission 1 Authority
	insit Authority
Doe app	r Business Factors (Optional Information)  s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.) Community Development Corporation Domestic Shelter Educational Institution Foundation
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Pour Organization is an Education Entity, does it qualify as one of the following? (Optional treation, Check if the types apply to your organization.)
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Four Organization is an Education Entity, does it qualify as one of the following? (Optional
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Community Development Corporation  Conditional Institution  Cond
Doe app	s your Organization qualify as one of the following? (Optional information. Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Veterinary Hospital  Intro Organization is an Education Entity, does it qualify as one of the following? (Optional mation.)  1862 Land Grant College  1890 Land Grant College  1994 Land Grant College  Historically Black College or University (HBCU)
Does app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Community Development Corporation  Community Selection  Commun
Dos app	s your Organization qualify as one of the following? (Optional information. Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Veterinary Hospital  Intro Organization is an Education Entity, does it qualify as one of the following? (Optional mation.)  1862 Land Grant College  1890 Land Grant College  1994 Land Grant College  Historically Black College or University (HBCU)
Doe app	s your Organization qualify as one of the following? (Optional information. Check if the types by to your organization.)  Community Development Corporation  Community Development Corporation  Community Selection  Commun
Doce app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Community Development Corporation  Community Selection  Commun
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Does app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Optional remation, Check if the types apply to your organization.)  Control of the following? (Op
Dose	s your Organization qualify as one of the following? (Optional information, Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Peterinary College    Historically Black College or University (HBCU)    Minority Institutions  Perivate University or College    School of Forestry    Hispanic Servicing Institution    State Controlled Institution of Higher Learning    Tribal College    Veterinary College    Veterinary College    Veterinary College    It is the Nature of your organization's Business? (Optional Information, Check all that apply)    Construction Firm
Does appropriate of the control of t	s your Organization qualify as one of the following? (Optional information. Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary College  School of Forestry  Hispanic Servicing Institution  State Controlled Institution of Higher Learning  Tribal College  Veterinary College  It is the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods
Does appropriate of the control of t	s your Organization qualify as one of the following? (Optional information. Check if the types by to your organization.)  Community Development Corporation  Community Development Corporation  Community Selection  Community Selection  Community Selection  Community Hospital  Veterinary College  1890 Land Grant College  1890 Land Grant College  1994 Land Grant College  1994 Land Grant College  1994 Land Grant College  1995 Land Grant College  1995 Land Grant College  1996 Land Grant College  1996 Land Grant College  1997 Land Grant College  1998 Land Grant College  1998 Land Grant College  1998 Land Grant College  1999 Land Grant College  1999 Later Land Firm  1999 Later Land Engineering (A&E)  1999 Construction Firm  1999 Land Later Firm  1999 Later Land Engineering (A&E)  1999 Later Land Firm  1999 Later Land Engineering (A&E)  1990 Later Land Engineeri
Does appropriate to the control of t	s your Organization qualify as one of the following? (Optional information. Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary College  School of Forestry  Hispanic Servicing Institution  State Controlled Institution of Higher Learning  Tribal College  Veterinary College  It is the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods
Does appropriate of the control of t	s your Organization qualify as one of the following? (Optional information. Check if the types to your organization.)  Community Development Corporation  Domestic Sheiter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Veterinary Hospital  Verorganization is an Education Entity, does it qualify as one of the following? (Optional mation.)  1862 Land Grant College  1889 Land Grant College  1890 Land Grant College  Historically Black College or University (HBCU)  Minority Institutions  Private University or College  3chool of Forestry  Hispanic Servicing Institution  Istate Controlled Institution of Higher Learning  Tribal College  Veterinary College  It is the Nature of your organization's Business? (Optional information. Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods  Research and Development  Service Provider
Does app	s your Organization qualify as one of the following? (Optional information, Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary College  Historically Black College or University (HBCU)  Minority Institutions  Private University or College  School of Forestry  Hispanic Servicing Institution  State Controlled Institution of Higher Learning  Tribal College  Veterinary College  Veterinary College  It is the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods  Research and Development  Service Provider  Vetr business certified by a state certifying agency as a Department of Transportation (DOT) divantaged Business Enterprise (DBE)?  Vers - DOT Certified DBE  Very Corganization is a Federally Recognized Native American Entity, check all that apply.)
Dos 3 pp	s your Organization qualify as one of the following? (Optional information. Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary College  School of Forestry  Hispanic Servicing Institution  State Controlled Institution of Higher Learning  Tribal College  Veterinary College  It is the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods  Research and Development  Service Provider  Veter Hospital Hospital  Veter Ho
Dose appropriate of the control of t	s your Organization qualify as one of the following? (Optional information, Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary College  Historically Black College or University (HBCU)  Minority Institutions  Private University or College  School of Forestry  Hispanic Servicing Institution  State Controlled Institution of Higher Learning  Tribal College  Veterinary College  Veterinary College  It is the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods  Research and Development  Service Provider  Vetr business certified by a state certifying agency as a Department of Transportation (DOT) divantaged Business Enterprise (DBE)?  Vers - DOT Certified DBE  Very Corganization is a Federally Recognized Native American Entity, check all that apply.)
Dose appropriate of the control of t	s your Organization qualify as one of the following? (Optional information. Check if the types by to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary College  14890 Land Grant College  14890 Land Grant College  14891 Land Grant College  14891 Land Grant College  14891 Land Grant College  14892 Land Grant College  14892 Land Grant College  1584 Land Grant College  1585 Land Grant College  1685 Land Grant College  1785 Land Grant College  1786 Land Grant College  1786 Land Grant College  1886 Land Grant College
Does app	s your Organization qualify as one of the following? (Optional information, Check if the types to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital

**Type and Business Factors Displayed for Government Organization** 

#### **Select Organization Type: Business or Organization**



## Organization Structure, Business Information, and Other Factors for Organization Displayed

#### **Corporate Entity Selected on Corporate Information page:**

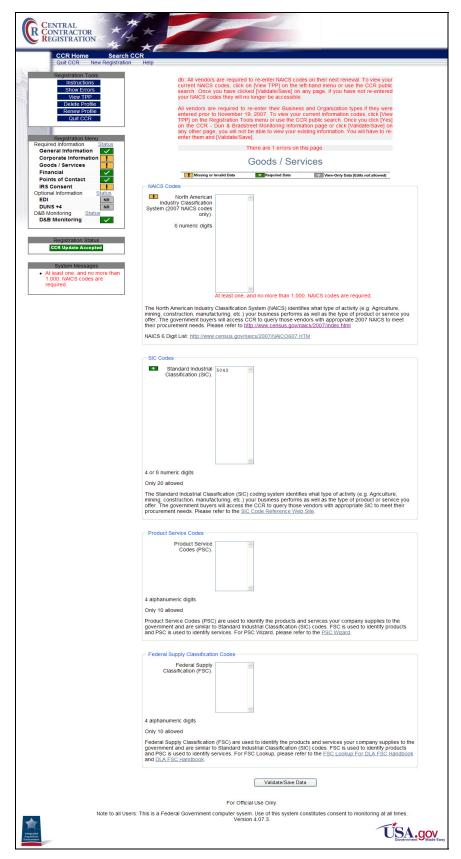


**Incorporation Section Displayed** 

### **Sole Proprietorship Selected on Corporate Entity Page:**

	Exempt (Firm pays Federal	•	
Corporate Entity, Tax Exer Partnership or Limited Lial	mpt (Firm does not pay Fed bility Partnership	eral Income Taxes)	
Sole Proprietorship	omy r draferomp		
International Organization Other			
Other			
Sole Proprietorship Poi	nt of Contact		
	e Proprietorship" as Type o	f Organization	
,	Create POC Template	-	
Name:	<u> </u>	- actor oo rompiato	7
Name.			
E-mail Address:			7
			_
U.S. Phone Number:			
Telephone Extension:			
Extension.			
Non-U.S. Phone			
Number:			
Fax Number:			

**Sole Proprietorship Point of Contact Section Displayed** 



Goods/Services Page

CENTRAL CONTRACTOR REGISTRATION	*
CCR Home Search CCF Quit CCR New Registration	A Help
Registration Tools Instructions	Financial Information
Show Errors View TPP Delete Profile	Missing or Invalid Data Required Data View-Only Data (Edits not allowed)  Electronic Funds Transfer (EFT)
Renew Profile  Quit CCR	This content is optional for Non-U.S. Businesses.  Financial Institution: LOWER EAST SIDE PEOPLES FCU
Designation Manual	ABA Routing   026082811
Reguired Information Status  General Information	Number:
Corporate Information  Goods / Services	Account Number: 123456789
Financial Points of Contact IRS Consent	Re-enter Account 123456789 Number:
Optional Information Status EDI NR	Account Type:   Checking  Savings
DUNS +4  D&B Monitoring  D&B Monitoring  V	Lockbox Number:
Registration Status	Automated Clearing House (ACH)
Active Registration	At least one method of contact must be entered for your financial institution unless you are a government organization or a Non-U.S. Business.
System Messages	US Phone Number: (631) 555-1234
	Non-US Phone Number:
	FAX (US Only):
	E-mail Address: EMAIL@EMAIL COM
	Address to mail check to if EFT is temporarily unavailable.
	Create POC Template  Paste POC Template
	Name: JOHN JONES
	Address Line 1: 13 CHERRY STREET
	Address Line 2:
	City: JERICHO
	* State: NY
	U.S. State Code / Canadian Province list  Zip/Postal Code:   117531317
	U.S. Zip+4 Code Look-up
	Country: UNITED STATES
	Accounts Receivable Point of Contact
	Create POC Template Paste POC Template
	Name: JOHN JONES
	E-mail Address: EMAIL@EMAIL.COM
	U.S. Phone Number: (689) 234-2345
	Telephone Extension:
	Non-U.S. Phone Number:
	Fax Number:
	Credit Cards
	■ Does the company
	Validate/Save Data
	For Official Use Only.
Note to all Users: " Note to all Users: " Note to all Users: "	This is a Federal Government computer sysem. Use of this system constitutes consent to monitoring at all times. Version 4.07.3.
	Government — Made t

**Financial Information Page** 

CENTRAL CONTRACTOR REGISTRATION	*			
CCR Home Search CC	* R			
Quit CCR New Registration	Help			
Registration Tools Instructions		There are 6 er	rrors on this page.	
Show Errors View TPP		Points of	of Contact	
Delete Profile  Renew Profile	Missing or I	nvalid Data ** Required	Data View-Only Data (Ed	ts not allowed)
Quit CCR	CCR Primary Contact is require CCR POC (Registrant N	ed. ame) Primary		
Registration Menu	The Registrant acknowledges		ed is current, accurate, and comp	olete.
Required Information Status General Information	Name:	Create POC Template	Paste POC Template	_
Goods / Services				
Financial Points of Contact	E-mail Address:			
IRS Consent Optional Information Status	U.S. Phone Number:			
EDI NR DUNS +4 NR D&B Monitoring Status D&B Monitoring	Telephone Extension:			
D&B Monitoring  Registration Status	Non-U.S. Phone Number:			
Active Registration	Fax Number: [			
System Messages  CCR Alternate Contact is				
required.  Government Business Primary	CCR Alternate Contact is requi	red.		
Contact is required.  • Electronic Business Contact is		Create POC Template	Paste POC Template	
required.  Government Business Alternate Contact is required.	Name:			
CCR Primary Contact is required.	E-mail Address:			
Electronic Business Alternate     Contact is required.	U.S. Phone Number:			
	Telephone Extension:			
	Non-U.S. Phone			
	Number:			
	Fax Number:			
	Government Business Primary	Contact is required.		
	The person in the company re publicly displayed on the CCR Point of Contact is entered.	sponsible for marketing an	d sales with the government. This ods of contact are required if the	s information will be Government Business
	Tollit of contact is effected.	Create POC Template	Paste POC Template	
	Name:			
	E-mail Address:			
	Address Line 1:			
	Address Line 2:			
	City:			
	State: [			
		U.S. State Code / Ca	ınadian Province list	
	Zip/Postal Code:			
	Country:	U.S. Zip+4 Co	ode Look-up	
	U.S. Phone Number:			
	Telephone			
	Extension:			
	Number: <sup>1</sup>			
	Fax Number:			

Points of Contact—Part 1

	s Point of Contact - Alternate
The person in the company publicly displayed on the Co	responsible for marketing and sales with the government. This information will be CR Inquiry Web Site.
	Create POC Template Paste POC Template
Name	
E-mail Address	:
Address Line 1	:
Address Line 2	
City	:
State	
7.0	U.S. State Code / Canadian Province list
Zip/Postal Code	
Country	U.S. Zip+4 Code Look-up
U.S. Phone Number	
Telephone Extension	
Non-U.S. Phone	
Number	
Fax Number	
Past Performance Point o	
This information will be publisite.	icly displayed on the CCR Inquiry Web Site. For more information visit the PPAIS web
	<u>Create POC Template</u> <u>Paste POC Template</u>
Name	
E-mail Address	
Address Line 1	:
Address Line 2	
City	-
State	
Zip/Postal Code	U.S. State Code / Canadian Province list
2497 6541 5640	U.S. Zip+4 Code Look-up
Country	
U.S. Phone Number	
Telephone	
Extension	
Non-U.S. Phone Number	
Fax Number	
	Control Albumata
Past Performance Point o This information will be publ	of Contact - Alternate icly displayed on the CCR Inquiry Web Site. For more information visit the PPAIS web
site.	Create POC Template Paste POC Template
Name	
E-mail Address	
Address Line 1	
Address Line 2	
City	
State	:
	U.S. State Code / Canadian Province list
Zip/Postal Code	
	U.S. Zip+4 Code Look-up
Country	
U.S. Phone Number	
Telephone Extension	
Non-U.S. Phone Number	
Fax Number	:

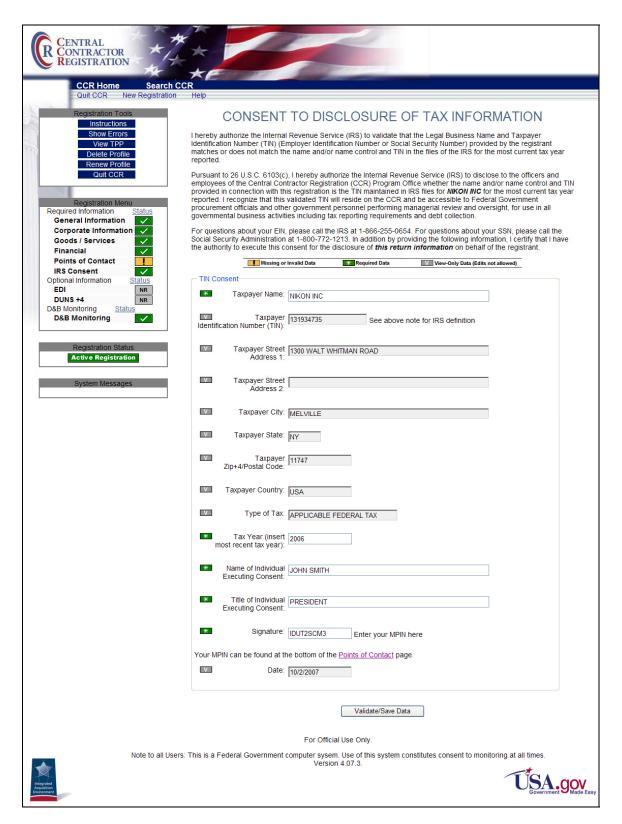
Points of Contact—Part 2

Electronic Business Contact is	s required.
The person in the company relectronic business systems in	responsible for authorizing individual company personnel access into government (e.g. Electronic Document Access (EDA), Wide Area Work Flow (WAWF), etc.] This splayed on the CCR Inquiry Web Site.
Name:	Create POC Template Paste POC Template
E-mail Address:	
Address Line 1:	
Address Line 2:	
City:	
State:	
To Postal Out of	U.S. State Code / Canadian Province list
Zip/Postal Code:	
Country:	U.S. Zip+4 Code Look-up
U.S. Phone Number:	
Telephone	
Extension:	
Non-U.S. Phone Number:	
Fax Number:	
Electronic Business Alternate	Contact is required
Electronic Business Poi	int of Contact - Alternate
This information will be public	tly displayed on the CCR inquiry Web Site.  Create POC Template Paste POC Template
Name:	Sicure 1 de Tempare
E-mail Address:	
Address Line 1:	
Address Line 2:	
City:	
State:	
	U.S. State Code / Canadian Province list
Zip/Postal Code:	
O. Walter	U.S. Zip+4 Code Look-up
Country: U.S. Phone Number:	<u> </u>
Telephone Extension:	
Non-U.S. Phone Number:	
Fax Number:	
Previous Business Name	Create POC Template Paste POC Template
Name:	
Address Line 1:	_
Address Line 2:	
City:	
State:	
	U.S. State Code / Canadian Province list
Zip/Postal Code:	
Country:	U.S. Zip+4 Code Look-up  ✓
Soundy	

Points of Contact—Part 3

	Government Parent	
	Used by registering governme parent (HQ), e.g. DLA.	ent agencies. If this CCR registration is a division of the government, provide the
		<u>Create POC Template</u> <u>Paste POC Template</u>
	Name:	
	Address Line 1:	
	Address Line 2:	
	City:	
	State:	
		U.S. State Code / Canadian Province list
	Zip/Postal Code:	
		U.S. Zip+4 Code Look-up
	Country:	¥
	<ul> <li>Corporate Point of Contact-</li> </ul>	
		Create POC Template Paste POC Template
	Name:	
	E-mail Address:	
	U.S. Phone Number:	
	Telephone Extension:	
	Non-U.S. Phone Number:	
	Fax Number:	
	Marketing Personal Identification	ation Number (MPIN)
	_	IDUT2SCM3
	applications (e.g., Past Perfor	This is a self-defined access code that will be shared with authorized partner mance Automated Information System (PPAIS), Technical Data Solutions (TeDS),
	etc.). The MPIN acts as your	password in these other systems, and you should guard it as such. The MPIN must at least one alpha character, one number, and no spaces or special characters.
		Validate/Save Data
		For Official Use Only.
Note to all Users:	This is a Federal Government c	omputer sysem. Use of this system constitutes consent to monitoring at all times.  Version 4.07.3.
Integrated Acquisition Environment		USA GOVERNMENT MADE EASY

Points of Contact—Part 4



**IRS Consent Page** 



#### **Successful Registration Finish**

Or



Successful Registration Finish—Qualified for one or more SBA Small Business Types

	★ CR		
Quit CCR New Registration	Help		
Registration Tools Instructions	EDI Information		
Show Errors View TPP	The EDI Information is OPTIONAL Information. If you are NOT currently using a Value Added Network (VAN) do not fill out this page.		
Delete Profile  Renew Profile  Quit CCR	If you came here by mistake, you can select a different page from the "Registration Menu" located on the left of you screen, or click here to quit CCR Update.	our	
Registration Menu	Completing this EDI section of the CCR application DOES NOT make you EDI compliant. In order to successfully complete the Electronic Commerce Interoperability Process (ECIP), you must utilize an authorized Value-Added-Ni (VAN) connected to the DoD Electronic Commerce Infrastructure (ECI).	etwork	
Required Information Status  General Information	You can obtain a list of authorized Value-Added-Networks (VANs) connected to the DoD Electronic Commerce Infrastructure (ECI): <a href="http://ec.ogden.disa.mil/vans.htm">http://ec.ogden.disa.mil/vans.htm</a>		
Goods / Services	Missing or Invalid Data  Missing or Invalid Data  Missing or Invalid Data  Missing or Invalid Data		
Financial Points of Contact	EDI Information		
IRS Consent Optional Information Status	Value Added Network (VAN) Provider:		
EDI NR DUNS +4 NR	Interchange ID (ISA) Qualifier:		
D&B Monitoring Status D&B Monitoring	Interchange Sender ID (ISA) Identifier: orresponding to company's qualifier selected for EDI transactions. No dashes, spaces, or special characters.		
Registration Status  CCR Update Accepted	Functional Group Functional Group (GS02) Identifier - this further defines		
ook opaate Accepted	(GS02) Identifier: the company's identifiers for the addressing of EDI transactions. No dashes, spaces, or special characters.		
	Do you want to receive Remittance Advice Notices (820's) through your Value Adde Network provider?  EDI Point of Contact—	30	
	This is the individual within the company that should be contacted if there are any specific EDI concerns. Please provide an individual's name and at least one method of contact.		
	<u>Create POC Template</u> <u>Paste POC Template</u>		
	Name:		
	E-mail Address:		
	U.S. Phone Number:		
	Telephone Extension:		
	Non-U.S. Phone Number:		
	Fax Number:		
	Validate/Save Data Delete EDI Information		
	Non-U.S. Phone Number:		

### **EDI Information Page**

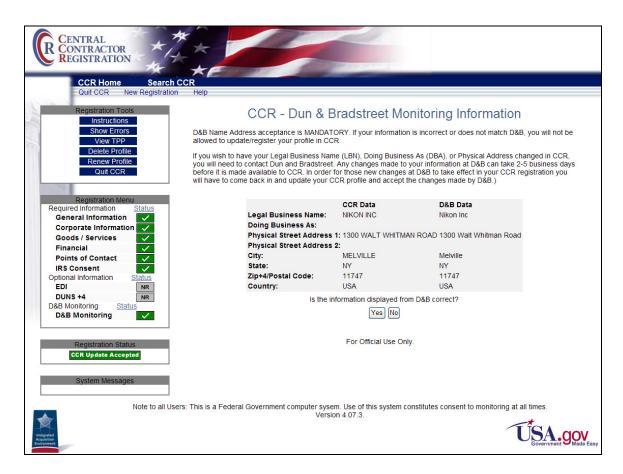
DUNS +4 Information is optional and can only be added to an active CCR Trading Partner.



**DUNS +4 Information Page** 

CENTRAL		
R CONTRACTOR REGISTRATION	**	
CCR Home Search C Quit CCR New Registration	CCR Help	
Registration Tools Instructions Show Errors	There are 9 errors on this page.	
View TPP Delete Profile	DUNS Plus4 Edit    Missing or Invalid Data	
Renew Profile  Quit CCR	Record Identifieers - DUNS/CAGE Codes	
Registration Menu Required Information Status	DUNS: (001962976	
General Information  Corporate Information	DUNS Plus4:  4567	
Goods / Services  Financial  Points of Contact	Code:	
IRS Consent Optional Information Status	Electronic Funds Transfer	
DUNS +4  D&B Monitoring Status	This content is optional for Non-U.S. Businesses.  Yellow Financial Institution:	
D&B Monitoring	ABA Routing Number	
Registration Status CCR Update Accepted	Routing number is required.	
System Messages	Account Number:  Account number is required.	
Automated Clearing House (ACH) - At least one method of contact must be entered for	Re-enter Account Number.	
your financial institution.  Remittance contact is required.  Account number is required.	Account number is required.  Account Type: @Checking @Swinger	
Automated Clearing House (ACH) - At least one method of contact must be entered for your financial institution.	■ Account Type:  ③ Checking ③ Savings  Lockbox Number:	
your financial institution.  • Account number is required.  • Automated Clearing House (ACH) - At least one method of		
(ACH) - At least one method of contact must be entered for your financial institution.  • Accounts receivable contact is	Automated Clearing House At least one method of contact must be entered for your financial institution unless you are a government organization or a Non-U. S. Business.	
required.  • Automated Clearing House	US Phone Number:	
(ACH) - At least one method of contact must be entered for your financial institution.	Automated Clearing House (ACH) - At least one method of contact must be entered for your financial institution.	
Routing number is required.	Non-US Phone Number.  Automated Clearing House (ACH) - At least one method of contact must be entered	
	Automated Clearing House (ACH) - At least one method of contact must be entered for your financial institution.  FAX (US Only):	
	Automated Clearing House (ACH) - At least one method of contact must be entered for your financial institution.	
	E-mail Address:	
	Automated Clearing House (ACH) - At least one method of contact must be entered for your financial institution.	
	Remittance contact is required.  I Remittance information	
	Address to mail check to if EFT is temporarily unavailable.	
	Create POC Template Paste POC Template  Name:	
	Address Line 1:	
	Address Line 2:	
	City:	
	State:	
	U.S. State Code / Canadian Province list  Zip/Postal Code:	
	U.S. Zip+4 Code Look-up	
	Country:	
	Accounts receivable contact is required.  If Accounts Receivable Point of Contact	
	Create POC Template Paste POC Template	
	E-mail Address:	
	U.S. Phone	
	Number: Telephone	
	Extension:	
	Non-U.S. Phone Number:	
	Fax Number:	
	Credit Cards	
	Does the company  ○ Yes  ○ No accept credit cards as a method of payment?	
	Validate/Save Data	
Note to -Pillian	For Official Use Only.	
Note to all Users	s. This is a Federal Government computer sysem. Use of this system constitutes consent to monitoring at all times.  Version 4.07.3.	OV Made Ea
	Ottalinen —	

**DUNS+4 Created—Editing Record** 



**CCR – Dun & Bradstreet Monitoring Information—Information Matches**